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APPLICANTS

Christiane Hollmann, Wedemark, GERMANY;
 Silke Zimmermann, Hannover, GERMANY;
 Stefan Stachelhaus, Wedemark, GERMANY;
 Winfried Albert, Penzberg, GERMANY;

**** CONTINUING DATA *******

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**** FOREIGN APPLICATIONS *******

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**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Initials	GERMANY	4	14	4

ADDRESS

FULBRIGHT & JAWORSKI L.L.P.
 600 CONGRESS AVE.
 SUITE 2400
 AUSTIN, TX 78701
 UNITED STATES

TITLE

Monoclonal Antibodies With Specificity For Fetal Erythroid Cells

FILING FEE RECEIVED 1230	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit